


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90078 031 ****50.00

DOCUMENT # L06000001126				
1. Entity Name LIRA INVESTMENTS, LLC				
Principal Place of Business 2178 NOVA VILLAGE DRIVE DAVIE, FL 33317		Mailing Address 2178 NOVA VILLAGE DRIVE DAVIE, FL 33317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip		Zip		Country
				01232007 Chg-LLC CR2E083 (12/06)
4. FEI Number 20-4053150				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
OPREA-BRENSON, EMILIA 2178 NOVA VILLAGE DRIVE DAVIE, FL 33317			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OPREA-BRENSON, EMILIA 2178 NOVA VILLAGE DRIVE DAVIE, FL 33317	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURLA, RAY 1029 TYLER STREET HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TUDUCE, MIRCEA 2178 NOVA VILLAGE DRIVE DAVIE, FL 33317	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				
SIGNATURE: <i>EMILIA OPREA-BRENSON</i> / EMILIA OPREA-BRENSON / MGR 1.23.07 9548686304				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>				